Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission Washington, DC 20549

(See instructions beginning on page 5)

OMB Number: 3235-0076

Expires: March 31, 2009

Estimated average burden hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity		
Name of Issuer	Previous Name(s) 🗵 Nor	ne Entity Type (Select one)
TWM International Equities 2006, L.P.	PDACTOR	☐ Corporation
Jurisdiction of Incorporation/Organization	- KUCESSE	
Texas	MAR 2 7 2000	Limited Liability Company
Year of Incorporation/Organization	THOWSON REIT	☐ Business Trust☐ Other (Specify)
(Select one)		Site (specify)
Over Five Years Ago Within Last Five Years (specify year)	2006 O Yet to Be Form	ed
(If more than one issuer is filing this notice, check this box (and identify additional issuer(s) by	attaching Items 1 and 2 Continuation Page(s).)
Item 2. Principal Place of Business and Contac	t Information	
Street Address 1	Street Address 2	
5500 Preston Road	Suite 250	
City State/Province/Co	ountry ZIP/Postal Code	Phone No.
Dallas TX	75205	(214) 252-3250
Item 3. Related Persons		
Last Name First Nam	е	Middle Name
TTG GP Man agement, Inc.		SEC
Street Address 1	Street Address 2	weil Processing
4923 Ellensburg		Section
City State/Province/Co	Duntry ZIP/Postal Code	MAR 1 Z 2009
Dallas TX	75244	nak 12 Zuus
Relationship(s): 🛛 Executive Officer 🔲 Direct		
	artner of the Issuer	Weshington, PC
<u> </u>		100
Item 4. Industry Group (Select one)	ditional related persons by checking this	s box 🔀 and attaching Item 3 Continuation Page(s).)
O Agriculture	O Business Services	Construction
Banking and Financial Services	Energy	REITS & Finance
Commercial Banking	Electric Utilities	Residential
O Insurance	Cont Winfor	Other Real Estate O Retailing
O Investing Investment Banking	O Coal Mining O Environmental Services	Restaurants
Pooled Investment Fund	O Oil & Gas	Technology
If selecting this industry group, also select one fund	Other Energy	O Computers
Type below and answer the question below:	Health Care	O Telecommunications
O Hedge Fund	Biotechnology	Other Technology
Private Equity Fund	Health Insurance	Travel
Venture Capital Fund Other Investment Fund	O Hospitals & Physicians	Airlines & Airports
Other Investment Fund Is the issuer registered as an investment	O Pharmaceuticals O Other Health Care	O Lodging & Conventions O Tourism & Travel Services
Company under the Investment Company	Other Health Care Manufacturing	Tourism & Travel Services
Act of 1940? ○ Yes • No	Real Estate	
Other Banking & Financial Services	O Commercial	○ Othe

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Item 5. Issuer Size	(Select one)		
Revenue Range (for issuer not speci or "other investment" fund in Item No Revenues \$1 \cdot \$1,000,000 \$1,000,001 \cdot \$5,000,000 \$55,000,001 \cdot \$25,000,000 \$25,000,001 \cdot \$100,000,000 Over \$1,000,000,000 Decline to Disclose Not Applicable		OR	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above) No Aggregate Net Asset Value \$1 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$50,000,001 - \$100,000,000 Over \$1,00,000,000 Decline to Disclose Not Applicable
Item 6. Federal Exemptions	and Exclusions (Claimed (Sele	ect all that apply)
Rule 504(b)(1) (not (i), (ii) or (iii Rule 504(b)(1)(i) Rule 504(b)(1)(ii) Rule 504(b)(1)(iii) Rule 505 Rule 506 Securities Act Section 4(6))) 	Section 3(c)(1) Section 3(c)(2) Section 3(c)(3) Section 3(c)(4) Section 3(c)(5) Section 3(c)(6) Section 3(c)(7)	 □ Section 3(c)(9) □ Section 3(c)(10) □ Section 3(c)(11) □ Section 3(c)(12) □ Section 3(c)(13) □ Section 3(c)(14)
Item 7. Type of Filing			
O New Notice OR Date of First Sale in this Offering: Item 8. Duration of Offering Does the issuer intend this offering	Amendment N/A ng to last more tha	or on one year?	☐ First Sale Yet to Occur ☑ Yes ☐ No
Item 9. Type(s) of Securities	Offered (Select all that a	apply)
 ☑ Equity ☐ Debt ☐ Option, Warrant or Other Rig Another Security ☐ Security to be Acquired Upon Warrant or Other Right to Acc 	Exercise of Optio		Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities Other (Describe)
•		<u> </u>	
Item 10. Business Combination	n Transaction		·
Is this offering being made in contransaction, such as a merger, acc Clarification of Response (if Neces	quisition or exchar		n □ Yes ⊠ No

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States of Solicitation All States All Al	Item 11. Minimum Investment	
Recipient	·	\$ 0
No CRD Number No CRD Number No CRD Number No CRD Number Street Address 1 Street Address 2	——————————————————————————————————————	Recipient CRO Number
Associated Broker or Dealer	Recipient	
Street Address 1 Street Address 2 State Province Country ZIP Postal Code	(Associated) Broker or Dodor	
States of Solicitation All States State/Province/Country ZiP/Postal Code States of Solicitation All States States of Solicitation States of Solicitation	(Associated) broker or beater	
States of Solicitation All States AL AK AZ AR CA CO CT DE DC FL GA HI DD IL IN IA KS KY LA ME MD MA MI MN MS MO MN MS MO MN MN MN MN MN MN MN	Street Address 1	Street Address 2
States of Solicitation All States AL AK AZ AR CA CO CT DE DC FL GA HI DD IL IN IA KS KY LA ME MD MA MI MN MS MO MN MS MO MN MN MN MN MN MN MN		
AL	City State/Province	ce/Country ZIP/Postal Code
AL		
(c) Total Remaining to be Sold \$ G7,027,050.28 (c) Total Remaining to be Sold \$ OR Indefinite (Subtract (a) from (b)) Clarification of Response (if Necessary) Item 14. Investors Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering: N/A Enter the total number of investors who already have invested in the offering: 60 Item 15. Sales Commissions and Finders' Fees Expenses Provide separately the amount of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount. Sales Commissions \$ 0	AL AK AZ AR CA CO IL IN IA KS KY LA MT NE NV NH NJ NM RI SC SD TN TX UT (Identify additional person(s) being paid compe	ME
(c) Total Remaining to be Sold \$ G7,027,050.28 (c) Total Remaining to be Sold \$ OR Indefinite (Subtract (a) from (b)) Clarification of Response (if Necessary) Item 14. Investors		
(c) Total Remaining to be Sold \$ OR Indefinite (Subtract (a) from (b)) Clarification of Response (if Necessary) Item 14. Investors Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering: N/A Enter the total number of investors who already have invested in the offering: 60 Item 15. Sales Commissions and Finders' Fees Expenses Provide separately the amount of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount. Sales Commissions \$ 0	(a) Total Offering Amount \$	OR 🛭 Indefinite
Clarification of Response (if Necessary) Clarification of Response (if Necessary)	(b) Total Amount Sold \$ 67,027,050.28	
Clarification of Response (if Necessary) Clarification of Response (if Necessary)	(c) Total Remaining to be Sold \$	OR 🛛 Indefinite
Item 14. Investors Check this box ☐ if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering: N/A Enter the total number of investors who already have invested in the offering: 60 Item 15. Sales Commissions and Finders' Fees Expenses Provide separately the amount of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount. Sales Commissions \$ 0 ☐ Estimate Finders' Fees \$ 0 ☐ Estimate		
Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering: N/A	Clarification of Response (if Necessary)	
Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering: N/A		
Enter the total number of investors who already have invested in the offering: 15. Sales Commissions and Finders' Fees Expenses 160 1 15. Sales Commissions and Finders' Fees Expenses 160 17. Sales Commissions and Finders' Fees Expenses 160 17. Sales Commissions and Finders' Fees Expenses 18. Sales Commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount. 160 17. Sales Commissions 18. Sales Commissions	Item 14. Investors	
Item 15. Sales Commissions and Finders' Fees Expenses Provide separately the amount of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount. Sales Commissions \$ 0		1
Provide separately the amount of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount. Sales Commissions \$ 0	Enter the total number of investors who already have invested in	n the offering:
estimate and check the box next to the amount. Sales Commissions \$ 0	Item 15. Sales Commissions and Finders' Fees Exp	penses
Finders' Fees \$ 0		finders' fees expenses, if any. If an amount is not known, provide an
	Sales Commis	ssions \$ 0
Clarification of Response (if Necessary)		Fees \$ 0
	Clarification of Response (If Necessary)	

Number of continuation pages attached:

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Item 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offer used for payments to any of the persons required to directors or promoters in response to Item 3 above. estimate and check the box next to the amount.	be named as executive officers,
Clarification of Response (if Necessa	ıry)
Signature and Submission	
Please verify the information you have entered and	review the Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each	ch identified issuer is:
undertaking to furnish them, upon written request, is Irrevocably appointing each of the Secretary of the Swhich the issuer maintains its principal place of busing agreeing that these persons may accept service on it be made by registered or certified mail, in any Fede any place subject to the jurisdiction of the United Stwith the offering of securities that is the subject of Securities Act of 1933, the Securities Exchange Act of Investment Advisers Act of 1940, or any rule or regul maintains its principal place of business or any State Certifying that, if the issuer is claiming a Freasons stated in Rule 505(b)(2)(iii). This undertaking does not affect any limits Section 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on subject of this Form D are "covered securities" for pusubject of this Form D, States cannot routinely required.	in accordance with applicable law, the information furnished to offerees. SEC and the Securities Administrator or other legally designated officer of the State in iness and any State in which this notice is filed, as its agents for service of process, and ts behalf, of any notice, process or pleading, and further agreeing that such service may eral or State action, administrative proceeding, or arbitration brought against the issuer it tates, if the action, proceeding or arbitration (a) arises out of any activity in connection this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the lation under any of these statutes; or (ii) the laws of the State in which the issuer in which this notice is filed. Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. the ability of States to require information. As a result, if the securities that are the urposes of NSMIA, whether in all instances or due to the nature of the offering that is the ire offering materials under this undertaking or otherwise and can require offering do so under NSMIA's preservation of their anti-fraud authority.
Each identified issuer has read this notice, knows the undersigned duly authorized person. (Check this box above but not represented by signer below.)	e contents to be true, and has duly caused this notice to be signed on its behalf by the and attach Signature Continuation Pages for signatures of issuers identified in Item 1
issuer(s)	Name of Signer
TWM International Equities 2006, L.P.	Samuel C. Perry
Signature	Title
Smil Chan	Vice President and Assistant Secretary of Tolleson Private Wealth Management, L.P., Designated Signatory

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Date

March <u>11</u>, 2009

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Item 3 Continuation Page

Item 3. Related Persons (Cont	mued)		
Last Name	First Name		Middle Name
Taken	Philip		
Street Address 1		Street Address 2	
1923 Ellensburg			
City	State/Province/Country	ZIP/Postal Code	_
Dallas	TX	75244	
Relationship(s): 🛛 Exec	utive Officer	or Promoter	_
Clarification of Response (if Neces	President and Secreta	ry of the General Partner	of the Issuer
Last Name	First Name		Middle Name
Taken	Renee		
Street Address 1		Street Address 2	
1923 Ellensburg			
City	State/Province/Country	ZIP/Postal Code	
Dallas	TX	75244	7
Relationship(s):	utive Officer Directo	or Promoter	_
Clarification of Response (if Neces		sistant Secretary of the G	General Partner of the Issuer
Last Name	First Name		Middle Name
Street Address 1		Street Address 2	
City	State/Province/Country	ZIP/Postal Code	7
]
Relationship(s): 🔲 Exec	utive Officer	or Promoter	
Clarification of Response (if Neces	sary)		
			Middle Name
	First Name		Middle Name
Last Name		Street Address 7	Middle Name
Last Name		Street Address 2	Middle Name
Last Name Street Address 1	First Name		Middle Name
Last Name Street Address 1		Street Address 2 ZIP/Postal Code	Middle Name
Clarification of Response (if Necess Last Name Street Address 1 City	First Name State/Province/Country	ZIP/Postal Code	Middle Name
Last Name Street Address 1 City	First Name State/Province/Country utive Officer	ZIP/Postal Code	Middle Name